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Effective on 12/02/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).		Complete if Known	
<b>FEES TRANSMITTAL</b>		Application Number	09/708,519-Conf. #1737
For FY 2007		Filing Date	November 9, 2006
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Satoru NIPPA
		Examiner Name	C. E. Shosho
		Art Unit	1714
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 1,020.00)		Attorney Docket No 2185-0460P	

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify) _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number 02-2448	Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP	

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	150	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
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50 25

Each independent claim over 3 (including Reissues)

300 150

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
12	x	*	*			

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
12	x	*	*

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

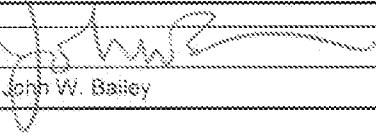
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	x	460	(round up to a whole number) x	*

**4. OTHER FEE(S)**

Non-English Specification: \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00

SUBMITTED BY			Registration No. (Attorney/Agent)	32,881	Telephone	(703) 265-8000
Name (Print/Type)	John W. Bailey		Date	June 12, 2007		